

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>A. Received by (Please Print Clearly)</p> </div> <div style="width: 35%;"> <p>B. Date of Delivery</p> <p style="text-align: right;">11-14-02</p> </div> </div> <p>C. Signature</p> <p>X <i>Barry D. Wood</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to: <u>11-14-02</u></p> <p style="margin-left: 40px;">* 01-348</p> <p style="margin-left: 40px;">Barry D. Wood</p> <p style="margin-left: 40px;">Wood, Maines & Brown</p> <p style="margin-left: 40px;">1827 Jefferson Place, N.W.</p> <p style="margin-left: 40px;">Washington, DC 20036</p>	<p>3. Service Type</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail </div> <div style="width: 45%;"> <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> C.O.D. </div> </div> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Copy from service label)</p> <p style="font-size: 1.2em; margin-left: 40px;">1023 0771 2986</p>	
<div style="display: flex; justify-content: space-between;"> <p>PS Form 3811, July 1999</p> <p>Domestic Return Receipt</p> <p>102595-00.M-0952</p> </div>	

DOCKET NO. 01-348

CERTIFIED

MAIL

RETURN

RECEIPT

REQUESTED

ORDER DATED
11-14-02
DA 02-3173 FEC
MIMEOGRAPH NO.

NAME: Barry D. Wood
Wood, Maines & Brown
1827 Jefferson Place, N.W.
Washington, DC 20036

C. R. R. NO. _____

BY _____

U.S. Postal Service

CERTIFIED MAIL RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: _____

Postage	\$.60	
Certified Fee		2.30	
Return Receipt Fee (Endorsement Required)		1.75	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	4.65	

11-14-02
01-348

NOV 27 2002

CY-C205

U.S. PS-2079

Name (Please Print Clearly) (to be completed by addressee)

BARRY D. WOOD

Street, Apt. No. or PO Box No.

1827 JEFFERSON PLACE, N.W.

City, State, ZIP+4

WASHINGTON, DC 20036

PS Form 3800, July 1999

See Reverse for Instructions